PTO/SB/07 (08-03)
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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Application Number	Filing Date
10679358	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		2					55						
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50							100						
Total Indep	3						Total Indep						
Total Depend	8						Total Depend						
Total Claims	10						Total Claims						

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